
ATTORNEY OR PARTY W	ITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
_			
TELEPHONE NO.:	FAX NO.:		
ATTORNEY FOR (Name):			
	OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME: PLAINTIFF:			
FLAINTIIT.			
DEFENDANT:			
DEI LINDAINT.			
EMPLOYEE:			
	EMPLOYER FOR INJUNCTION PROHIBIT	ING VIOLENCE	CASE NUMBER:
	THREATS OF VIOLENCE AGAINST EMPLO		0.02.10.02.10
l ¨	Application for Temporary Restraining Orde		
	(This is NOT		
Read the Instruction	s for Petitions to Prohibit Workplace Violence (for	•	npleting this form.
	t be an employer with standing to bring this action		
1. Plaintiff (name):		is a	corporation sole proprietorship
other (spec	cify):		behalf of the employee identified in item 2.
2. Employee (name		J	, ,
	,	(Use a separate pe	tition for each employee you are seeking
Sex: M	F Date of birth:	to protect.)	
		J	
3. Defendant (nam	e):		
a. Resides at (s	state address, if known):		
b. Works at (sa	ate address, if known):		
c is	is not a current employee of plaintiff (explain	n if defendant is still ai	n employee):
	n this county because		
	ant resides in this county.		
	ant has caused physical or emotional injury to plair	ntiff's employee in this	county.
c other (s	specify):		
5 D () ()			
5. Defendant has	assaulted battered stalked		credible threat of violence against
	knowing or willing statements or a course of cond	uct that would place a	reasonable person in fear for his or her
-	ety of his or her immediate family.		
a. One or more workplace at	of these acts can reasonably be construed to be c	carried out or to have t	been carried out at the employee's
workplace at	(address).		
h Dogorika wk	at happened (including the dates, who did what to	whom and any initial	200
b. Describe wh	at happened (including the dates, who did what to	wnom, and any injurie	:o <i>)</i> .

(Continued on reverse)

Page one of three

places are optional and may be kept confidential): (1) Employee. (2) Employee's residence (address optional): (3) Employee's place of work (address optional):					
Continued on Attachment 5b.	PLAINTIFF (Name):	CASE NUMBER:			
Continued on Attachment 5b. Employee will suffer great and irreparable harm before this petition can be heard in court unless the court makes the orders requested below effective now and until the hearing. (Specify the harm and why it will occur before the hearing): Continued on Attachment 6. Defendant's conduct has been directed against employee and is knowing and willful, is not constitutionally protected, and does or constitute lawful acts of self-defense or defense of others. PLAINTIFF REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BELOW. RESTRAINING ORDERS To be ordered now and be effective until the hearing and provided in the protected provided in the provided self-defense of employee's family or household who reside with the employee and the following members of employee's family or household who reside with the employee: (1) (Name): Sex: M F Date of birth: (2) (Name): Sex: M F Date of birth: (3) (Name): Sex: M F Date of birth: (4) shall not assault, batter, or stalk the employee and other protected persons to or from the place of work and other protected persons during hours of employment (4) shall not lollow the employee and other protected persons during hours of employment (4) shall not lelephone or send correspondence to the employee and other protected persons by any means including, but not limited to, the use of the public or private mails, interoffice mail, fax, or computer e-mail (5) shall not other the workplace of the employee and other protected persons (the addresses of the places are optional and may be kept confidential): (1) Employee. (2) Employee's place of work (address optional):	DEFENDANT (Name):				
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(2) Employee's residence (address optional): (3) Employee's place of work (address optional):					
	` ´ <u></u>				
(4) Employee's children's school or place of child care (address entianal):	(3) Employee's place of work (address optional):				
(4) Employee's children's school of place of child care (address optional).	(4) Employee's children's school or place of child care (address optional):				

(Continued on page three)

	PLAINTIFF (Name):	CASE NUMBER:		
	DEFENDANT (Name):			
9. a	. <i>(Continued)</i> (5) Other <i>(specify)</i> :			
	(address optional):			
	b. Will granting of any of the stay-away orders in item 9a deprive defendant of acce	ess to his or her residence or place of		
	employment?			
	Yes No (If yes, explain):			
10.	COSTS			
	Defendant should be ordered to pay costs as follows (specify):			
11.	OTHER ORDERS (specify other orders you request to help carry out the orders p	revieusly requested):		
11.	CITIEN ONDERS (specify other orders you request to help carry out the orders p	reviously requesteu).		
12.	Plaintiff requests that copies of orders be given to the following law enforcement agenci	es:		
	Law enforcement agency Address			
13.	Plaintiff requests that time for service of the <i>Order to Show Cause</i> (form WV-120)	and accompanying papers he shortened		
10.		the date set for the hearing. I need to have		
	the order shortening time because of the facts contained in this application.	Ğ		
14.	Plaintiff has asked for restraining orders against the defendant in (specify):	County,		
15	Case No. (specify):	County,		
15.	Employee has asked for restraining orders against defendant in (specify): Case No. (specify):	County,		
16.	DESCRIPTION OF DEFENDANT TO BE RESTRAINED			
	Sex: M F Ht.: Wt.: Hair color: Eye color: Race: _	Age: Date of birth:		
17.	Plaintiff requests additional relief as may be proper.			
18.	Plaintiff is not required to pay a fee for filing this petition because plaintiff is seeking	g order(s) restraining violence or threats of		
	violence (see Code Civ. Proc., § 527(h)). (Note: If the court finds there has been r	no violence or threats of violence, then you		
4.0	may be ordered to pay the appropriate fees.)			
19.	Plaintiff understands that if the court issues an <i>Order to Show Cause</i> (form WV-120), a item 2 of the <i>Order to Show Cause</i> . At that hearing, I must be prepared to present evidence of the order to Show Cause.	-		
	I declare under penalty of perjury under the laws of the State of California that I am awa	- · · · · · · · · · · · · · · · · · · ·		
	a. on the basis of my own personal knowledge.	,		
	b. on the basis that I have been informed and believe that the facts stated are true			
	the basis of plaintiff's information and belief, plaintiff must attach declarations	or affidavits by one or more persons who		
Date	have personal knowledge of the facts stated.)			
Duio	·			
	· · · · · · · · · · · · · · · · · · ·			
	(TYPE OR PRINT NAME) (SIGNATURE OF PLAINTIFF)			
Title	of person signing:			
)			
(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY, IF ANY)				
20.	Number of pages attached:			